

## Application for Australian Government Rebate on Private Health Insurance as a reduced membership contribution

GU Health Membership No.

Please send your completed form and email to:  
**corporate@guhealth.com.au** or  
 FreePost to: GU Health, Reply Paid  
 Melbourne VIC 8060 (no stamp required)



### We're here to help

For assistance or for more information FreeCall 1800 249 966 8.30am to 5pm (AEST), Monday to Friday

All the people listed on the membership must be eligible to claim Medicare for you to receive the rebate as a reduced premium.

**✍ IF COMPLETING AS A PAPER FORM, USE BLACK PEN ONLY AND USE CAPITAL LETTERS – PLEASE INDICATE WITH AN X IN THE APPROPRIATE CHECK BOXES**

#### I wish to: (please indicate with an X)

**Apply for the Australian Government Rebate Insurance** (Complete all Sections)

OR

**Change my rebate tier\***  
 (Must already be claiming Australian Government Rebate on Private Health as a reduced membership contribution)  
 (Complete Sections: 1, 3, 4)

\*You can also change your rebate tier online by logging into Online Member Services at [guhealth.com.au](http://guhealth.com.au)

### 1 Membership holder's details – the person in whose name membership is held

Title  First name  Surname

Email address (current)  Telephone (current)

Date of birth   /   /     Gender

Australian residential address

State  Postcode  Postal address (if different from above)

Postal address (continued)  State  Postcode

### 2 Partner/dependant details – A fulltime student dependant is aged 21-24 inclusive, a child is aged up to 21

Each person covered on this membership must have Medicare entitlements (do not include Membership holder).

photocopy this section for more dependants and attach to this application form

Title	First Name	Surname	Gender		Dependant Child		Date of birth
			M	F	Y	N	
			M	F	Y	N	
			M	F	Y	N	
			M	F	Y	N	
			M	F	Y	N	

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## 3

## Medicare details – COMPLETE ONLY if all people to be covered have a current Medicare card

Medicare card number

         

Valid to

  /  

Membership holder's name and initial (exactly as it appears on your Medicare card)

Is this Medicare card holder covered by the policy? YES  OR NO 

If YES, please proceed to Section 4.

(If No) Applicants not covered by the policy cannot claim the Australian Government Rebate on Private Health Insurance (excluding child only policies) and employers and trustees of organisations cannot claim the Australian Government Rebate on Private Health Insurance on policies paid on behalf of employees.

For more information about the Australian Government Rebate on Private Health Insurance, go to: [privatehealth.gov.au](http://privatehealth.gov.au)

Questions about Medicare eligibility can be made at any Medicare Service Centre or by calling 132 011

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

## 4

## Apply for the Australian Government Rebate on Private Health Insurance

Please complete this section for your Application to receive the Australian Government Rebate on Private Health Insurance as a reduced premium.

All the people listed on the membership must be eligible to claim Medicare entitlements for you to receive the rebate as a reduced premium.

Please nominate the rebate tier to be applied to your membership: Base Tier  Tier 1  Tier 2  Tier 3

Date premium deduction to commence:   /   /

If the rebate tier you select doesn't accurately reflect your actual entitlement as determined by the Australian Taxation Office (ATO), this will be reconciled as part of your tax return. Refer to *Your Membership Guidelines* for details and visit the Australian Taxation Office website to calculate your rebate tier or for more information at [ato.gov.au](http://ato.gov.au)

If you wish to stop receiving the Australian Government Rebate on Private Health Insurance or would like to change your income tier you must notify GU Health.

Do you declare that the information that you have provided is complete and correct? Do you understand that giving false or misleading information is a serious offence?

I declare that the information that I have provided is complete and correct. I understand that giving false or misleading information is a serious offence.

I make this declaration on   /   /

Membership holder's signature

I agree that if I digitally insert my name that this will be the electronic representation of my signature and have the same effect as a pen-and-paper signature.

**Health insurers are not permitted to provide tax advice.** For assistance in determining your appropriate rebate tier, please contact your registered tax agent, or visit the ATO at [ato.gov.au](http://ato.gov.au)

Please refer to Services Australia's Privacy Notice below

The privacy and security of your personal information is important to us and is protected by law. We need to collect this information so we can process and manage your applications and payments and provide services to you. We only share your information with other parties where you have agreed, or where law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacy](http://servicesaustralia.gov.au/privacy)

**PLEASE CHECK AND ENSURE ALL REQUIRED SECTIONS OF THE FORM ARE COMPLETED AND THAT YOU HAVE SIGNED AND DATED THE FORM**